

03/06/02



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| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL   |  | Attorney Docket No.  | N9450.0050/P050             |
|--|--|--|-----------------------------|
|  |  | First Inventor   | Shigeru Kawamoto            |
|  |  | Title  | METHOD AND SYSTEM FOR, etc. |
| (Only for new nonprovisional applications under 37 CFR 1.53(b))  |  | Express Mail Label No.   |                             |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.  |  | <b>ADDRESS TO:</b><br>Box Patent Application<br>Commissioner for Patents<br>Washington, DC 20231   |                             |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br>(Submit an original, and a duplicate for fee processing)  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)            |  |                             |
| 2. <input type="checkbox"/> Applicant claims small entity status<br>See 37 CFR 1.27.   | 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary) |  |                             |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages 45]  | a. <input type="checkbox"/> Computer Readable Form (CRF)   |  |                             |
| (preferred arrangement set forth below)  |  | b. <input type="checkbox"/> Specification Sequence Listing on:<br>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper |                             |
| - Descriptive title of the invention   |  | c. <input type="checkbox"/> Statements verifying identity of above copies  |                             |
| - Cross Reference to Related Applications  |  |  |                             |
| - Statement Regarding Fed sponsored R & D  |  |  |                             |
| - Reference to sequence listing, a table, or a computer program listing appendix   |  |  |                             |
| - Background of the Invention  |  |  |                             |
| - Brief Summary of the Invention   |  |  |                             |
| - Brief Description of the Drawings (if filed)   |  |  |                             |
| - Detailed Description   |  |  |                             |
| - Claim(s)   |  |  |                             |
| - Abstract of the Disclosure   |  |  |                             |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 15]  |  |  |                             |
| 5. <input type="checkbox"/> Oath or Declaration [Total Pages 5]  |  |  |                             |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)   |  |  |                             |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)  |  |  |                             |
| i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).   |  |  |                             |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76  |  |  |                             |
| <b>ACCOMPANYING APPLICATIONS PARTS</b>   |  |  |                             |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))   |  |  |                             |
| 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney   |  |  |                             |
| 11. <input type="checkbox"/> English Translation Document (if applicable)  |  |  |                             |
| 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations  |  |  |                             |
| 13. <input type="checkbox"/> Preliminary Amendment   |  |  |                             |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)  |  |  |                             |
| 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)   |  |  |                             |
| 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).<br>Applicant must attach form PTO/SB/35 or its equivalent.   |  |  |                             |
| 17. <input type="checkbox"/> Other.  |  |  |                             |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:<br><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____<br>Prior application information: Examiner _____ Group / Art Unit: _____<br>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |  |                             |
| <b>19. CORRESPONDENCE ADDRESS</b>  |  |  |                             |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label  |  | <input checked="" type="checkbox"/> Correspondence address below   |                             |
| Name   |  | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Mark J. Thronson   |                             |
| Address  |  | 2101 L Street NW   |                             |
| City   | Washington   | State  | DC                          |
| Country  | US   | Telephone  | (202) 785-9700              |
|  |  | Zip Code   | 20037-1526                  |
|  |  | Fax  | (202) 887-0689              |
| Name (Print/Type)  | Mark J. Thronson   | Registration No. (Attorney/Agent)  | 33,082                      |
| Signature  |  | Date   | March 6, 2002               |

| FEE TRANSMITTAL<br>for FY 2002   |          |  |          | Complete if Known  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
|--|----------|--|----------|--|-----------------|--------------------|---|--|----------|--------------|----------|-----------------|----------|----------|----------|----------|----------|------------------------|--------|-----|-----|-------------------------------------|-----|-----------------------------------|----|-----|-----|--|-----|---------------------------------------|-----|-----|-----|---------------------------|-----|--|-------|-----|-------|---|----|--|------|---------------------|------|--|---|--------|-----------------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|--|
| Patent fees are subject to annual revision.  |          |  |          | Application Number Not Yet Assigned  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
|  |          |  |          | Filing Date Herewith   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
|  |          |  |          | First Named Inventor Shigeru Kawamoto  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
|  |          |  |          | Examiner Name Not Yet Assigned   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
|  |          |  |          | Group Art Unit N/A   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
|  |          |  |          | Attorney Docket No. N9450.0050/P050  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |          |  |          |  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| TOTAL AMOUNT OF PAYMENT  |          | (\$)                                     |          | 1,900.00   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)   |          |  |          | FEE CALCULATION (continued)  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Deposit Account  |          |  |          | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(a)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td><td></td></tr> </tbody> </table> |                 |                    |   | Large Entity   |          | Small Entity |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105                    | 130    | 205 | 65  | Surcharge - late filing fee or oath |     | 127                               | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet |     | 139                                   | 130 | 139 | 130 | Non-English specification |     | 147  | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination |    | 112  | 920* | 112                 | 920* | Requesting publication of SIR prior to Examiner action |   | 113    | 1,840*          | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(a) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37CFR 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  |  |
| Large Entity   |          | Small Entity                             |          |  |                 |                    |   | Fee Description  | Fee Paid |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code                                 | Fee (\$) |  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 105  | 130      | 205                                      | 65       |  |                 |                    |   | Surcharge - late filing fee or oath                    |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 127  | 50       | 227                                      | 25       |  |                 |                    |   | Surcharge - late provisional filing fee or cover sheet |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 139  | 130      | 139                                      | 130      | Non-English specification  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 147  | 2,520    | 147                                      | 2,520    | For filing a request for ex parte reexamination  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 112  | 920*     | 112                                      | 920*     | Requesting publication of SIR prior to Examiner action   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 113  | 1,840*   | 113                                      | 1,840*   | Requesting publication of SIR after Examiner action  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 115  | 110      | 215                                      | 55       | Extension for reply within first month   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 116  | 400      | 216                                      | 200      | Extension for reply within second month  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 117  | 920      | 217                                      | 460      | Extension for reply within third month   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 118  | 1,440    | 218                                      | 720      | Extension for reply within fourth month  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 128  | 1,960    | 228                                      | 980      | Extension for reply within fifth month   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 119  | 320      | 219                                      | 160      | Notice of Appeal   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 120  | 320      | 220                                      | 160      | Filing a brief in support of an appeal   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 121  | 280      | 221                                      | 140      | Request for oral hearing   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 138  | 1,510    | 138                                      | 1,510    | Petition to institute a public use proceeding  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 140  | 110      | 240                                      | 55       | Petition to revive - unavoidable   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 141  | 1,280    | 241                                      | 640      | Petition to revive - unintentional   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 142  | 1,280    | 242                                      | 640      | Utility issue fee (or reissue)   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 143  | 460      | 243                                      | 230      | Design issue fee   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 144  | 620      | 244                                      | 310      | Plant issue fee  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 122  | 130      | 122                                      | 130      | Petitions to the Commissioner  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 123  | 50       | 123                                      | 50       | Processing fee under 37 CFR 1.17(a)  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 126  | 180      | 126                                      | 180      | Submission of Information Disclosure Stmt  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 581  | 40       | 581                                      | 40       | Recording each patent assignment per property (times number of properties)   | 40.00           |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 146  | 740      | 246                                      | 370      | Filing a submission after final rejection (37 CFR 1.129(a))  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 149  | 740      | 249                                      | 370      | For each additional invention to be examined (37CFR 1.129(b))  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 179  | 740      | 279                                      | 370      | Request for Continued Examination (RCE)  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 169  | 900      | 169                                      | 900      | Request for expedited examination of a design application  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Other fee (specify)  |          |  |          |  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Deposit Account Number <span style="border: 1px solid black; padding: 2px;">04-1073</span><br>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span><br>The Commissioner is hereby authorized to: (check all that apply)<br><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account  |          |  |          |  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| FEE CALCULATION  |          |  |          |  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740.00</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td><b>740.00</b></td></tr> </tbody> </table>   |          |  |          | Large Entity   |                 | Small Entity       |   | Fee Description  | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 101      | 740      | 201      | 370      | Utility filing fee     | 740.00 | 106 | 330 | 206                                 | 165 | Design filing fee                 |    | 107 | 510 | 207  | 255 | Plant filing fee                      |     | 108 | 740 | 208                       | 370 | Reissue filing fee                                 |       | 114 | 160   | 214   | 80 | Provisional filing fee                                     |      | <b>SUBTOTAL (1)</b> |      |  |   |        | <b>740.00</b>   |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Large Entity   |          | Small Entity                             |          | Fee Description  | Fee Paid        |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code                                 | Fee (\$) |  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 101  | 740      | 201                                      | 370      | Utility filing fee   | 740.00          |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 106  | 330      | 206                                      | 165      | Design filing fee  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 107  | 510      | 207                                      | 255      | Plant filing fee   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 108  | 740      | 208                                      | 370      | Reissue filing fee   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 114  | 160      | 214                                      | 80       | Provisional filing fee   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |          |  |          |  | <b>740.00</b>   |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b><br><table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Independent Claims</th> <th colspan="2">Multiple Dependent</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>30</td> <td>-20** =</td> <td>2</td> <td>-3** =</td> <td>10</td> <td>x</td> <td>84.00</td> <td>=</td> <td>840.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td>=</td> <td>0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>280.00</td> <td>=</td> <td>280.00</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>   |          |  |          | Total Claims   |                 | Independent Claims |   | Multiple Dependent                                     |          | Extra Claims |          | Fee from below  |          | Fee Paid |          | 30       | -20** =  | 2                      | -3** = | 10  | x   | 84.00                               | =   | 840.00                            |    |     |     |  |     |                                       |     |     | x   |                           | =   | 0.00   |       |     |       |   |    |  |      |                     |      | 280.00   | = | 280.00 |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Total Claims   |          | Independent Claims                       |          | Multiple Dependent   |                 | Extra Claims       |   | Fee from below   |          | Fee Paid     |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 30   | -20** =  | 2  | -3** =   | 10   | x               | 84.00              | = | 840.00   |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
|  |          |  |          |  | x               |                    | = | 0.00   |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
|  |          |  |          |  |                 | 280.00             | = | 280.00   |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td><b>1,120.00</b></td></tr> </tbody> </table> |          |  |          | Large Entity   |                 | Small Entity       |   | Fee Description  | Fee Paid | Fee Code     | Fee (\$) | Fee Code        | Fee (\$) | 103      | 18       | 203      | 9        | Claims in excess of 20 |        | 102 | 84  | 202                                 | 42  | Independent claims in excess of 3 |    | 104 | 280 | 204  | 140 | Multiple dependent claim, if not paid |     | 109 | 84  | 209                       | 42  | ** Reissue independent claims over original patent |       | 110 | 18    | 210   | 9  | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> |      |  |   |        | <b>1,120.00</b> |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Large Entity   |          | Small Entity                             |          | Fee Description  | Fee Paid        |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Fee Code   | Fee (\$) | Fee Code                                 | Fee (\$) |  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 103  | 18       | 203                                      | 9        | Claims in excess of 20   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 102  | 84       | 202                                      | 42       | Independent claims in excess of 3  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 104  | 280      | 204                                      | 140      | Multiple dependent claim, if not paid  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 109  | 84       | 209                                      | 42       | ** Reissue independent claims over original patent   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| 110  | 18       | 210                                      | 9        | ** Reissue claims in excess of 20 and over original patent   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |          |  |          |  | <b>1,120.00</b> |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| **or number previously paid, if greater, For Reissues, see above   |          |  |          | *Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> (\$)    40.00  |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| SUBMITTED BY   |          |  |          | Complete (if applicable)   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Name (Print/Type) Mark J. Thronson   |          | Registration No. (Attorney/Agent) 33,082 |          | Telephone (202) 775-4742   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |
| Signature  |          |  |          | Date March 6, 2002   |                 |                    |   |  |          |              |          |                 |          |          |          |          |          |                        |        |     |     |                                     |     |                                   |    |     |     |  |     |                                       |     |     |     |                           |     |  |       |     |       |   |    |  |      |                     |      |  |   |        |                 |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |